

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 02 -- 0 0 9	2. STATE: MAINE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE(S) 7/1/02	

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 02 \$ 2,000 savings b. FFY 03 \$ 10,000 savings
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. 4.19B P.3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATT. 4.19B P.3A
10. SUBJECT OF AMENDMENT: CHANGE PHARMACY REIMBURSEMENT RELATING TO RESIDENTIAL SETTINGS. ONLY ONE PHARMACY PROVIDER WAS EXERCISING THIS OPTION.	

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED COMMISSIONER, DEPT. OF HUMAN SERVICES
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Kevin W. Concannon</i>	16. RETURN TO: EUGENE GESSOW Director, Bureau of Medical Services #11 State House Station 442 CIVIC CENTER DRIVE Augusta, ME 04333-0011
13. TYPED NAME: Kevin W. Concannon	
14. TITLE: Commissioner, Maine Department of Human Services	
15. DATE SUBMITTED: AUGUST 5, 2002	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED
19. EFFECTIVE DATE OF APPROVED MATERIAL September 1, 2002	
20. SIGNATURE OF REGIONAL OFFICIAL <i>Margaret Lane for Ronald Ruston</i>	21. TYPED NAME
22. TITLE	23. REMARKS

maine (02-009)
approved: 11/07/02
effective: 09/01/02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B

State: Maine

Page 3a

PAYMENT RATES FOR CARE AND SERVICES OTHER THAN INPATIENT HOSPITAL

Dispensing Fees are as follows:

- i. \$3.35 for an amount dispensed from a stock supply, or for solutions or lotions involving no weighing.
- ii. \$5.35 for compounding handmade suppositories, powder papers, capsules and tablet triturates and for mixing home TPN hyper-alimentation.
- ~~iii.~~ iii. \$4.35 for compounding ointments and for solutions or lotions involving weighing one or more ingredients and mixing home intravenous (IV) solutions.
- iv. \$12.50 for filling insulin syringes per 14-day supply.

For pharmacies not utilizing the point of purchase program, paper claims may be submitted. However all the State's edits including those of OBRA 90 such as Prospective Drug Utilization Review, must still be provided at the time of service.

For pharmacies utilizing the State's Point-Of-Purchase program, the dispensing fee covers services provided by the State to the pharmacy at the time of dispensing the prescription and includes such services as:

OFFICIAL

TN No. 02-009

Supersedes

TN No. 01-009

Approval Date

11/7/02

Effective Date 7/0102

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2325
Boston, Massachusetts 02203



Division of Medicaid and State Operations / Region I

December 9, 2002

Mr. Eugene Gessow, Director
Bureau of Medical Services
Department of Human Services
Station 11
Augusta, Maine 04333-0011

Dear Mr. Gessow:

Enclosed you should find Attachment 4.19-B, Page 3a, associated with the approval of State Plan Amendment (SPA) 02-009. Please note that this page was renumbered by mutual agreement. You originally titled the page Attachment 4.19-B, Page 3. However, due to the deliberations concerning plan material at the top of the page that is contained in SPA 02-005, we agreed to split the page. Once SPA 02-005 is acted upon, you retain the option of combining the material on the same page once again. If you have any questions, please contact me at 617-565-1247 or by e-mail at irich@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Irvin Rich". The signature is fluid and cursive, with a large initial "I" and a stylized "R".

Irvin Rich
Health Insurance Specialist

Enclosure